

FILED
DEC 09 2010
CITY CLERK

APPROPRIATION NO. 45, 2010

AN ORDINANCE TO APPROPRIATE ADDITIONAL SUMS OF MONEY FOR EXPENSES INCURRED DURING THE YEAR 2010.

WHEREAS, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget; now, therefore:

BE IT ORDAINED by the Common Council of the City of Terre Haute, Vigo County, Indiana, that for the expenses of said municipal corporation the following additional sum of money is hereby appropriated and ordered set apart out of the fund herein named and for the purposes herein specified, subject to the laws governing the same:

	<u>AMOUNT REQUESTED</u>	<u>AMOUNT APPROPRIATED</u>
FROM: RAINY DAY FUND	\$500,000.00	\$500,000.00
TO: #0718-0071-00-345.020 GROUP HEALTH PAYMENTS	\$500,000.00	\$500,000.00
TOTAL	\$500,000.00	\$500,000.00

Introduced by: _____ George Azar, Councilman

Passed in open Council this _____ day of _____, 2010.

_____ Neil Garrison, President

ATTEST: _____ Charles P. Hanley, City Clerk

Presented by me to the Mayor this _____ day of _____, 2010.

_____ Charles P. Hanley, City Clerk

Approved by me, the Mayor, this _____ day of _____, 2010.

_____ Duke A. Bennett, Mayor

ATTEST: _____ Charles P. Hanley, City Clerk

REQUEST FOR ADDITIONAL APPROPRIATION

(For Approval by Mayor, Controller, and City Council)

This form is to be used when a department needs additional monies for a depleted line item or account. This form is also used for appropriations required by certain N/R accounts.

If a Department has sufficient monies in other line items to cover the funds needed in the depleted line item, a transfer of those monies should be made rather than an appropriation of new money.

(#0200)

DEPARTMENT or FUND Rainy Day Fund DATE 12/8/10

FUND FROM WHICH APPROPRIATION IS TO BE MADE Rainy Day

<u>Dept or Fund</u>	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
TO: <u>Group Health</u>	<u>0718-0071-</u>		
	<u>00-345.020</u>	<u>Group Health Payments</u>	<u>\$ 500,000</u>

TO: _____ \$ _____

TO: _____ \$ _____

TO: _____ \$ _____

Total Amount to Be Appropriated \$ 500,000

Department Head Approval: _____ Date: _____
(Forward to Mayor) Signature

Mayoral Approval: _____ Date: 12-9-10
(Forward to Controller) Signature

Controller Approval: _____ Date: 12/8/10
(Forward to Legal) Signature

Received by Legal: _____ Appropriation # _____
Date

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this appropriation. Such information should include the specific services or products you intend to purchase.